

the fear of the discrimination, clearly they are not able to make informed health decisions for themselves.

In the past, Congress has taken on the battle against broad discrimination in all sorts of legislation. We think back to the 1964 Civil Rights Act; to 1990, the American with Disabilities Act; more recently to the Health Insurance Portability and Accountability Act.

Today, we extend those protections to citizens with genetic markers, a move that has the power, I would argue, to save lives.

As I have implied, this whole field of genetic research and testing will undoubtedly unleash thrilling advances and better health care. It will lead almost certainly to cures for diseases that we cannot even imagine can be cured today. The potential medical advances that emerge from our knowledge and our understanding and that definition of the human genome that was spelled out just a couple of months ago, I know will be more dramatic than the changes I have seen in over 20 years practicing medicine, that I witnessed in my own medical career. Clearly, there will be much more advancing and pioneering than my dad saw after 55 years practicing medicine from about the 1930s to the 1980s.

As we greet the future, the excitement, the thrill of discovering what emerges from this new body of information, this definition of the human genetic code, we have a responsibility in this body to protect our body politic. I am pleased by the progress we have made thus far.

I come to the floor to speak today because I have watched this debate, I have watched this discussion, and I have seen in a bipartisan way in the Health, Education, Labor, and Pensions Committee tremendous progress being made this past week, and hopefully it can be made in the Senate as we look at discrimination in genetic testing.

I congratulate my colleagues on their persistence and dedication to the issue. It gives us an opportunity, in advance of there being a problem, in advance of the new genetic tests, to address that potential for discrimination which, in turn, if it occurred—and I believe there is a high likelihood unless we act—would be a disservice to mankind.

This legislation stands squarely on our time-tested civil rights laws establishing comprehensive, consistent, practical, reasonable, and fair protections. I strongly support this compromise bill. I am speaking today primarily because it is a compromise bill taking the very best out of the pieces of legislation that have been proposed in the past. I strongly support this compromise bill. I look forward to its swift passage.

EQUALITY IN HEALTH CARE

Mr. FRIST. Mr. President, I speak for a moment on the issue of equality in

health care and what I have personally been able to observe, which we as a body have tried to address—in fact, have taken some major steps forward—but which stands as a major challenge which I believe we can address in this body. That is the subject of health care disparities.

In the 21st century, Americans are among the healthiest, the longest living, and robust citizens in the history of the world. We have conquered diseases that were once untreatable. Our remarkable scientists continue to develop new drugs, therapies, treatments, and procedures that every day are bringing new hope and, indeed, saving the lives of millions around the country and millions around the world. We have much of which to be proud.

At the same time, there is something we should be ashamed of because despite the dazzling medical and social progress of the last century, there remains wide health disparities and inequalities between minority and non-minority citizens. I will cite a few examples. Infant mortality rates are twice as high among African Americans versus Whites. The prevalence of HIV/AIDS in Latino populations is four times higher. And the prevalence of AIDS among African Americans is nine times higher than among Whites. African-American children are twice as likely to have asthma. They are six times more likely to die from asthma than others. And mortality rates related to diabetes are more than twice as high among African Americans and Native Americans.

The question is, why? We have made progress in understanding why, but we cannot answer that question. Why? Even when we control our access to medical services and we control for other socioeconomic factors, Americans from minority backgrounds still receive unequal care. They suffer lower quality care and, consequently, worse health outcomes. That is the challenge. The response to that challenge is we can eliminate that. We can reverse these health care disparities.

Progress has been made in recent years to close the health gap between minority and White patients. We are boosting Federal research into the cause of health disparities. We are identifying barriers to care in our communities. We are expanding the number of health professionals who have a strong commitment to the needs of minority and underserved patients. Much more, however, needs to be done.

That is why I am proposing the Health Care Gap Act of 2003. This legislation, which I plan to introduce later this year, builds on successful prior legislation to ultimately eliminate such disparities in health care. This legislation will address key areas necessary to close the health care gap in America. These include expanding access to quality health care, improving national leadership and coordination, increasing the diversity of health professionals, promoting more aggressive

professional education, promoting research to identify sources of racial and ethnic disparities, identifying promising interventions, and improving and expanding programs to prevent, too manage, and to treat diseases and conditions that disproportionately impact minority and underserved populations. As I mentioned in the data I quoted, these include asthma, they include HIV/AIDS, prostate cancer, and other types of cancer.

Last weekend, I have the privilege, as so many Members—in fact, many Members departed an hour or so ago to deliver commencement speeches at high schools, elementary schools, secondary schools, colleges, and graduate schools all over the country.

I had the privilege last week of speaking at two commencement ceremonies. One was for the School of Medicine at Morehouse College in Atlanta, and also the George Washington School of Medicine here in the Washington area. In my address, I challenged these hard-working and young people—our future doctors, our future health professionals, our scientists—to become active, to actively shape and mold our profession. I told them that in this day and time in the field of medicine, we simply can no longer, as health professionals, solely practice medicine. They must lead in medicine. The same is true of us.

This bill on health care disparities, this legislation which will be introduced later this year, will do just that. In the Senate, we must help to create a medical system that treats all patients equitably. Our national creed, that all are created equal, dictates that we must.

HONORING BOB HOPE

Mr. FRIST. Mr. President, I take a moment to honor a great American who is celebrating his 100th birthday. Bob Hope was born one of six boys in a London suburb on May 29, 1903. His family made their way to America when he was 3, and they settled in Cleveland, OH. We can only be grateful to the Hope family for making that journey.

Growing up, Bob Hope was a shoe-shine boy, butcher's mate, stock boy, newspaper boy, golf caddie, shoe salesman, and even a prizefighter—all of these things before he became one of America's most beloved and successful entertainers.

As a performer, Bob Hope had the rare and miraculous gift of being able to touch our common humanity. His famous road pictures with Big Crosby and Dorothy Lamour were the quintessential expressions of the adventure of being an American.

But he is most loved, of course, for the thousands of hours and millions, literally millions of miles he spent in selfless devotion to our troops. World War II, South Korea, Vietnam, from the Far East to Northern Africa, the Indonesian peninsula to the heart of